

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 12/29/91

REG

1981549

✓ # 891232  
110.00  
Wm

1. NAME Henderson Robert A.  
Last First MI

2. BUSINESS PHONE (850) 222-8287  
Area Code and Phone Number

3. BUSINESS ADDRESS 315 S. Calhoun St., Suite 580 Tallahassee FL 32301  
Street and No. City State Zip

4. EMPLOYER United Services Automobile Association

5. EMPLOYER'S ADDRESS 9800 Fredericksburg Road San Antonio TX 78288  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name United Services Automobile Association

Address 9800 Fredericksburg Road, San Antonio, TX 78288

Business or purpose Insurance and other financial services

Does this person pay you? Yes

If No, who pays you?

2. Name

Address

Business or purpose

Does this person pay you?

If No, who pays you?

# LOBBYING REGISTRATION FORM

602-  
Lobbyist's Registration Number

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of Florida

Parish of Leon County

Before me, the undersigned authority, personally came and appeared Robert A. Henderson, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Robert A. Henderson  
Signature of Lobbyist

Sworn to and subscribed before me on this 29 day of  
December, 19 97

Stefanie G. Faircloth  
Notary Public

Rev. 8/97



ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

